

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90273 038 \*\*\*\*50.00

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01152004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000026643</b> 1. Entity Name <b>VERO VIEW ESTATES, L.L.C.</b>					
Principal Place of Business <b>5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487</b>			Mailing Address <b>5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>5801 Congress Avenue</b>		3. Mailing Address <b>5801 Congress Avenue</b>		4. FEI Number <b>20-011877</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable         </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>			
Zip <b>33487</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE &amp; HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MM</b> <b>Steve Wolf</b> <b>5801 Congress Avenue</b> <b>Boca Raton, FL 33487</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <b>Steve Wolf, Managing Member</b> <span style="float: right;"><b>2/26/04</b> <b>561-498-5600</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					